

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6	1	2				
7		2				
8		1				
9						
10	1					
11	1					
12	1					
13	1					
14						
15	1					
16		7				
17		1				
18		1				
19		1				
20		2				
21		2				
22	1					
23	1					
24	1					
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31	1					
32		1				
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36	1					
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49						
50						
TOTAL IND.	14					
TOTAL DEP.						
TOTAL CLAIMS	14					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						